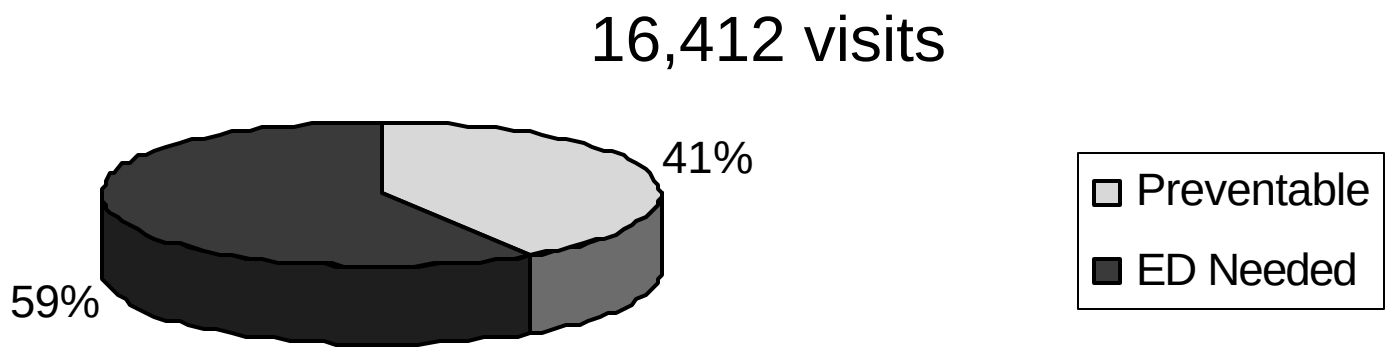
Tanya Kahl

January 21, 2004

History

- May 1999: Coalition formed
- Sept. 2001: Awarded CAP Grant
- March 2002: Began serving clients

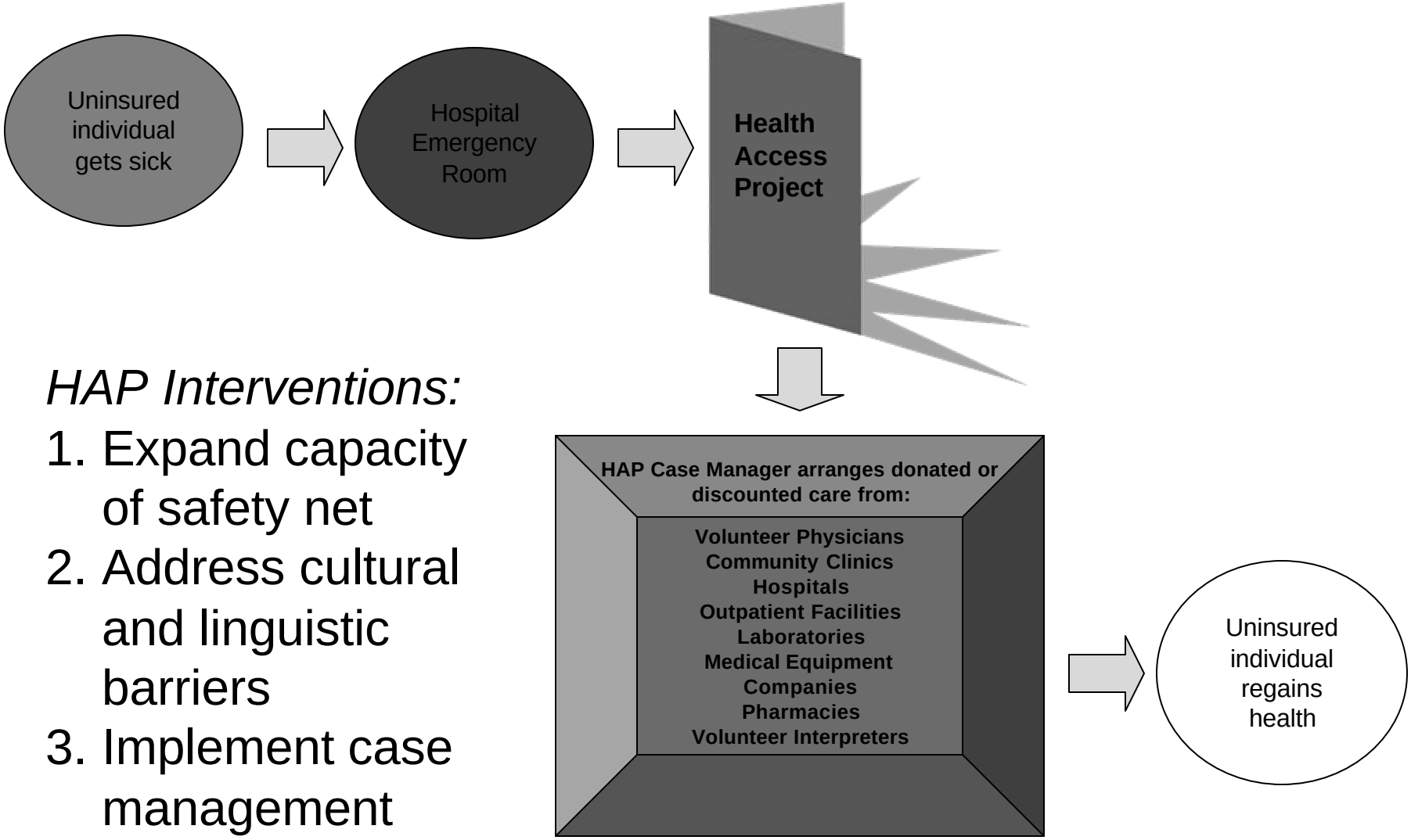
Preventable* Uninsured ED Visits in Salt Lake County



*Preventable ED visits include visits classified as non-emergent and emergent, primary care treatable. Billings, Parikh and Mijanovich, Commonwealth Fund, 2000.

Source: Utah Hospital Emergency Department Patient Encounter Data, 2001. Utah Department of Health.

Coordinated System



HAP Interventions:

1. Expand capacity of safety net
2. Address cultural and linguistic barriers
3. Implement case management

Expand Safety Net Capacity

- Developed Volunteer Physician Network using Project Access model (physicians pledge to treat 12 patients/year in offices)
- Obtained agreements for donated/ discounted ancillary services (hospital care, lab, diagnostic tests, pharmacy, etc.)
- Bartered to obtain additional services for patients (made requests and offers)

Multicultural Services

- Hired multilingual case managers
- Recruited and trained volunteers to interpret for patient appointments
- Provide training/resources to help providers treat diverse patients

Case Management

- Identified target population
- Determined scope of services
- Established referral processes
- Made arrangements to outstation case managers at hospitals
- Purchased/developed software
- Determined how to measure impact

Scope of Services

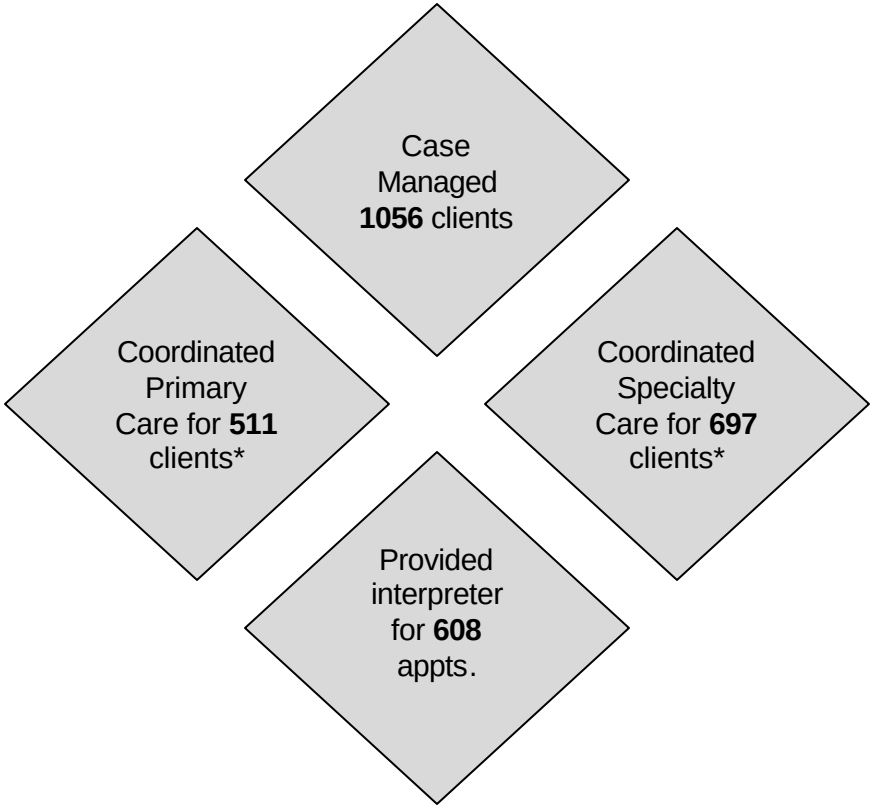
- Screen patients for assistance programs and assist them in applying
- Schedule appointments with volunteer physicians, community health centers, etc.
- Facilitate communication between MDs and patients and arrange follow-up care
- Refer patients to other community resources to meet non-medical needs
- Educate patients on US health care system

Lessons Learned – Case Management

- Difficult to establish and maintain good referral processes
- Considerable case management time is spent trying to enroll clients
- Attempts to further streamline case management have proven difficult because of complexity of SLC health care system
- Extensive case management is key to changing ED use among frequent fliers

HAP Outcomes

HAP services provided between March 1, 2002 and December 31, 2003



- HAP has leveraged over $600,000 in donated physician care

Evaluation Methodology

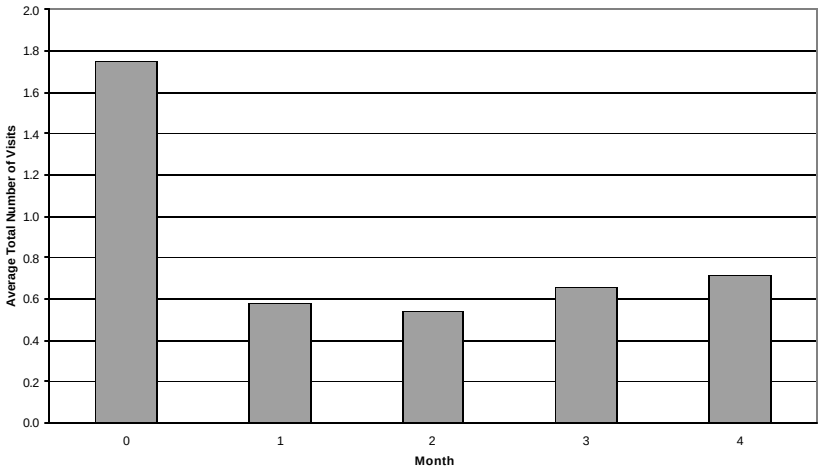
- Hospitals matched HAP clients with clients in their adminstrative databases and provided utilization data to HAP on matched clients
- HAP created a master database linking all hospital utilization data to client specific HAP administrative data
- Utilization data was characterized by the month the service was incurred relative to a clients enrollment date in HAP
- Sphere Institute conducted an independent evaluation using the data

Acute Episode Analysis

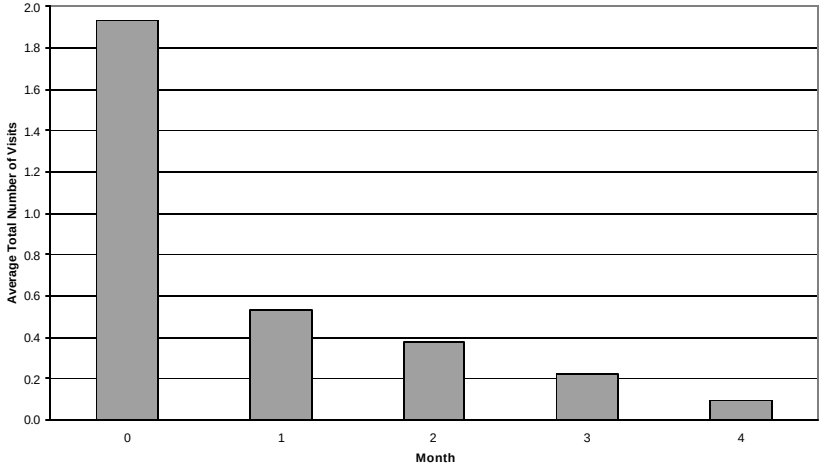
- Define an “acute episode”
  - monthly charges are above the 70th percentile of the distribution of positive monthly charges during the period of analysis
  - monthly charges in the previous month were below the 70th percentile
- Sample
  - “Post-HAP" includes all clients starting an acute episode in month of HAP intake (month 0)
  - “Pre-HAP" includes all clients starting an acute episode during month -12 to -5

Acute Episode Analysis (Visits)

Pre-HAP



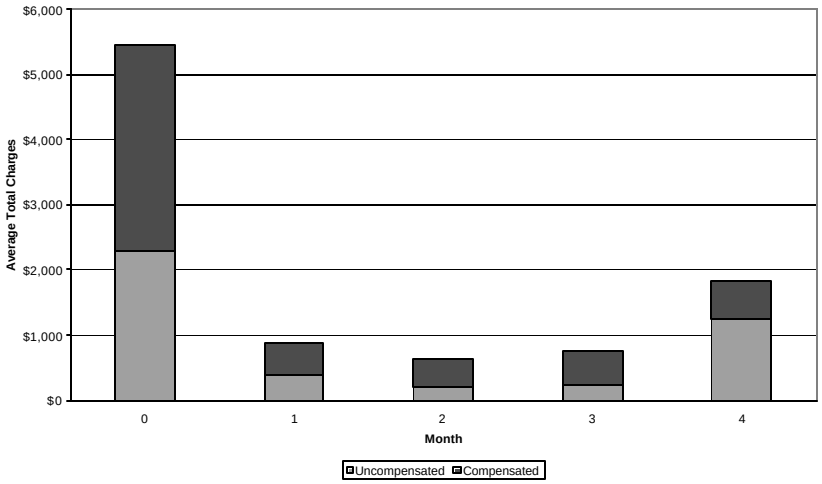
Post-HAP



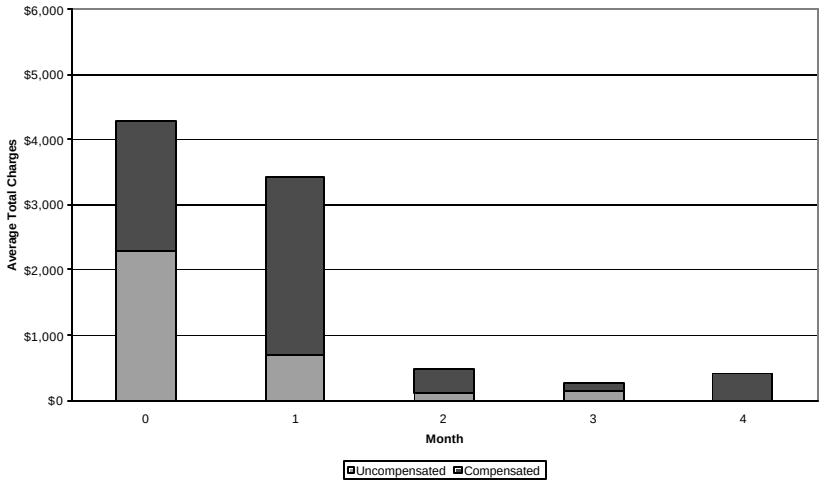
*Hospital data obtained on 288 clients out of 488 served during time frame of evaluation. Acute episode analysis includes 65% of hospital charges.

Acute Episode Analysis (Charges)

Pre-HAP



Post-HAP



Despite lower number of visits, charges per compensated non-ER visit post-HAP were significantly higher than pre-HAP (49%).

Projected effect of HAP Conclusions I

- Increases in visits/charges in year 2 were likely to have occurred without HAP
- In year 2, HAP likely to have:
  - Reduced total visits (27%)
  - Increased total charges (2%)
  - Increased compensated charges (42%)

Projected effect of HAP Conclusions II

- Assuming payment in full for a hypothetical cohort of 300 clients*
  - Without HAP, predict a net loss to local hospital partners of $108,642
  - With HAP, predict a net gain to local hospital partners of $200,571
  - Net revenue (HAP minus no HAP): $309,213 **

*Over 2-year evaluation

**Based on cost to charge ratio of 50% (Friedman B. et al. Journal of Health Care Financing, 2003). Actual net revenue depends on the fraction of compensated charges that can be recouped from third-party payers.

Contact Information

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